DEC 3 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43022

1. PLACE OF DEATH 921 No. 23rd, Street

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St, Louis (No. 921 N. 23rd St St. ..... Ward)

File No. 11597

Registered No. .....

2. FULL NAME Eller Green

(a) Residence, No. 921 No, 23rd Street St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Will Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9th 1888

7. AGE: YEARS 48 | MONTHS 2 | DAYS 31 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Meridian Miss

FATHER

13. NAME: George Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Meridian Miss

MOTHER

15. MAIDEN NAME: Angelian Crawford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Meridian Miss

17. INFORMANT (ADDRESS): Fannie Owens 921 No. 23rd Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Nov 25th 1936

19. UNDERTAKER (ADDRESS): Jas. H. Randle & Son 920 No. Leonard Ave

20. FILED NOV 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1936, to Nov. 20, 1936

I last saw her alive on Nov 20, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis

Hypertension | 3 |

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify M. A. Mueller

(Signed) 2335 Franklin, M. D.

(Address) .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD